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**FIRE  
INSPECTION**

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**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
Department Of Community And Cultural Affairs  
Division Of Youth Services  
Kagman Juvenile Detention And Correctional Facility



January 31, 2006

**MEMORANDUM**

**TO** : Vivian T. Sablan  
Acting DYS Director

**FROM** : KJDCF Supervisor

**SUBJECT** : Request for payment  
(Phoenix Pacific (Guam) Inc.)

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The purpose of this memorandum is to request for the payment for Phoenix Pacific (Guam) Inc. for work conducted at the Kagman Juvenile Detention & Correctional Facility. Please see attachment.

In addition, I would also like to request that a review be conducted of the said vendor's contract and past purchase orders for any discrepancies towards payments.

Please feel free to call on me if you have any questions.

A handwritten signature in black ink, appearing to read "Floyd Eric R. Masga".

Floyd Eric R. Masga

CC:  
Rose Teregeyo –Social Worker III  
Ricardo Rasa – JCW I-Designated Safety Officer

**Phoenix**  
**Pacific (Guam), Inc.**  
**System Integrators**109 East Harmon Industrial Park Road Tamuning, Guam 96913  
Telephone: (671) 646-6461/2, 646-6481 • Fax: (671) 649-0483  
Email: service@phoenixguam.com

\$980.00

CLIENT#

JOB#57122

**FIRE ALARM PREVENTIVE MAINTENANCE REPORT**  
**DIVISION OF YOUTH SERVICES**

CUSTOMER NAME: P.O. BOX 501000 INSPECTION DATE: 1-27-06  
 BUILDING ADDRESS: CHALAN KANOA, SAIPAN MP 96950 INSPECTION FOR MONTH OF: JANUARY 2006  
 CONTACT PERSON: VICTOR MESA CONTRACT EXPIRATION DATE: MC-2005-15  
 TELEPHONE NUMBER: \_\_\_\_\_ CONTRACT NUMBER: JUNE 29, 2005  
 CONTRACT REQUIRES INSPECTION: MONTHLY ☐ QUARTERLY ☒ SEMI-ANNUALLY ☐ ANNUALLY ☐

DEVICES OR APPLIANCES	PERIODIC TEST PER NFPA 72H (INDIVIDUAL DEVICE)	COMMENTS	CURRENT INSPECTION		
			NOT TESTED	TESTED SATISFACTORY	* TESTED DEFICIENT (SEE BELOW)
FIRE ALARM PANEL	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIMARY/SECONDARY POWER SUPPLIES	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATTERY SEALED LEAD ACID	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOTE ANNUNCIATOR	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE AND VISIBLE TROUBLE SIGNALS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONE DISCONNECT SWITCHES, TROUBLE SIGNAL	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROUND FAULT MONITORING CIRCUIT	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANUAL STATIONS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLAME, BEAM AND OTHER DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER FLOW ALARM SWITCHES	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAMPER SWITCH	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SIGNAL DEVICES	QUARTERLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE, BELLS, HORNS OR OTHERS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VISUAL DEVICES	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMERGENCY EVACUATION CONTROL PANELS	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKERS/VOICE ALARM	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE (TWO-WAY)	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHING SYSTEM ALARM SWITCHES	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* INSPECTION/TEST REPORT IS BASED ON NFPA GUIDLINES SET FOURTH IN NFPA 72, WHEN LESS THAN 100% TEST IS BEING PERFORMED. A CLOSE RECORD SHALL BE MAINTAINED OF THE INDIVIDUAL INITIATING DEVICES AND INDICATING APPLIANCES TESTED EACH TIME TO AVOID SAME DEVICE BEING TESTED ON SUBSEQUENT TESTS.

## TYPE / LOCATION / ADDRESS OF PERIPHERAL DEVICES TESTED THIS INSPECTION:

- 1 - Tested smoke detectors inside Housing A and B, 1st and 2nd flr. Also tested smoke detectors inside Admin, Education, and Maintenance buildings. All devices tested OK.
- 2 - Conducted panel tests for ground fault, open fault, battery voltage, and battery fault test.

## \* DEFICIENCIES:

NO deficiencies found.

Brian M. Calvo

TECHNICIAN'S NAME

Brian M. Calvo

SIGNATURE

DATE

1-27-06

Juvenile Detention Unit

CUSTOMER NAME

[Signature]

SIGNATURE

DATE

1-27-06

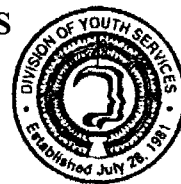
CUSTOMER HEREBY ACKNOWLEDGE RECEIPT OF REPORT AND GIVES CONSENT TO MAKE THE NECESSARY QUOTATION AS NOTED IN TECHNICIAN'S NOTES.

WHITE - Customer • GREEN - PPGI Chrono • YELLOW - PPGI File • PINK - PPGI Hono • GOLD - Customer Invoice



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

Department Of Community And Cultural Affairs  
Division Of Youth Services  
Kagman Juvenile Detention And Correctional Facility



February 24, 2006

**TO** : **Debra Inos**  
**DYS Director**

**FROM** : KJDCF Supervisor

**SUBJECT** : Seafix Inc. - Quotation

As per our conversation and memorandum, faxed is copy of a quotation provided by Seafix Inc. to conduct an assessment of our down Fire Sprinkler Booster Pump System. This is an urgent need for our facility due to the Consent Decree requirements and DPS-Fire regulations. In addition, if this matter is not taken cared of, it may cause our facility to either close down or face further litigations.

Please feel free to contact me if you have any questions or comments.

A handwritten signature in black ink, appearing to read "Floyd Masga".

Floyd Masga

CC: Rose Teregeyo – Social Worker III  
Jennifer Tanaka – Social Worker III  
Ricardo Rasa – JCWI/Designed Safety Officer

P.O. BOX 501000 CHALAN KANOA, SAIPAN, MP 96950  
TELEPHONE NUMBER: 256-2550/1 FAX # 256-2557



February 23, 2006

QUOTATION

Juvenile Detention Center  
Attn: Floyd Masga

	DESCRIPTION	AMOUNT
06-02-1921	<p>Provide two (2) men, one Electrician and one Mechanic to troubleshoot Fire Sprinkler Booster Pump system, make repairs as progress permits, provide final discovery/remedy quote.</p> <p>Not to exceed 64 (4 days) man-hours. Labor rate of \$35/m/hr</p>	\$2,240.00
		\$2,240.00

SEAFIX INCORPORATED  
Mark R. Blackburn


**Safety 1st Systems (Saipan), Inc.**  
*Your Total Safety Solution!*

P.O. Box 504673 Saipan, MP 96950  
Tel: (870) 235-6500 Fax (870) 235-7400

INVOICE

27628

Bill To:

Ship To:

CNMI GOVERNMENT  
P.O. Box 5234 CHRB  
Saipan, MP 96950  
Attn: Mary Masga  
Tel: 664-1270/1/2 Fax: 664-1215

D.Y.S

Date		( ) Partial (X) Complete		Terms		
P.O. #		( ) Special Order		Sales Rep		
439616				KJK		
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				For the month of January 2006		
<b>Total</b>						<b>\$106.00</b>

I Certify that this is a true and correct invoice and

☐ Payment has not been received.☐ Deposit has been received.

Vendor Signature: \_\_\_\_\_

I hereby acknowledge the above goods were received in good condition.

Signature

Print Name

Date

01-27-06

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.


**Safety 1st Systems (Saipan), Inc.**  
*Your Total Safety Solution!*

P.O. Box 504873 Saipan, MP 96950  
Tel: (670) 235-6500 Fax (670) 235-7400

INVOICE

27758

Bill To:

Ship To:

CNMI GOVERNMENT  
P.O. Box 5234 CHRB  
Saipan, MP 96950  
Attn: Mary Marga  
Tel: 664-1270/1/2 Fax: 664-1215

D.Y.S

Date

( ) Partial ( ) Complete

Terms

P.O. #

( ) Special Order

Sales Rep

3/10/2006

30 DAYS

439616

KJK

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				for the month of February 2006		
Total						\$106.00

I Certify that this is a true and correct invoice and

☐ Payment has not been received.☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature

Print Name

Date

Vendor Signature: \_\_\_\_\_

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